

**TOWN OF GARNER  
UTILITY REGISTRATION**

**CONTACT INFORMATION**

Utility Company Name: \_\_\_\_\_

N.C. One Call Certificate No.: \_\_\_\_\_

Street Addresses: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Contact Person (Local Representative): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**INSURANCE INFORMATION**

**COMPREHENSIVE/AUTOMOBILE LIABILITY COVERAGE**

Company Name: \_\_\_\_\_

Limits: \_\_\_\_\_  
(\$2,000,000 Minimum)

*(Please provide Certificate of Insurance with Town of Garner named as an additional insured.)*

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**WORKERS COMPENSATION**

Company Name: \_\_\_\_\_

Limits: \_\_\_\_\_

## **CONSTRUCTION AND MAINTENANCE PLAN**

### **PROJECTS TO BE COMMENCED DURING 2008\***

Please list all projects that are anticipated to begin in the calendar year 2008. Please list the following information for each project:

Project Name: \_\_\_\_\_

Project Location (Street Address): \_\_\_\_\_

Projected Construction Beginning Date: \_\_\_\_\_

Anticipated Length of Construction: \_\_\_\_\_

### General Project Description:

|  |
|--|
|  |
|--|

Project Manager (If Known): \_\_\_\_\_

Contractor (If Known): \_\_\_\_\_

**PROJECTS CONSTRUCTED FOR THE FIVE (5) YEARS FOLLOWING 2008\***

Please list all projects that are certified to begin in the next five (5) calendar years beginning in 2009. Please list the following information for each project:

Project Name: \_\_\_\_\_

Project Location (Street Address): \_\_\_\_\_

Projected Construction Beginning Date: \_\_\_\_\_

Anticipated Year Construction will Begin: \_\_\_\_\_

\* Please notify the Town of Garner Engineering department if the status of the projects listed change or if new projects are added.

The Utility Registration Information should be mailed to the following address by;  
**FEBRUARY 1, 2008.**

**MAILING ADDRESS:** Town Engineer  
Town of Garner  
P.O. Box 446  
Garner, NC 27529